



Beneficiary Designation For PEBB Benefits

- Office Use Only -

Approved by ___ Date ___

Effective Date _____

See the Summary Plan Description for more information: www.oregon.gov/DAS/PEBB/SPD.shtml

1. Contact Information

PEBB Benefit Number (P#####), Employee ID, University ID

Last Name	First Name	MI	Agency #	Gender <input type="checkbox"/> F <input type="checkbox"/> M
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PEBB and the plans in which you enroll will send **all** benefit-related correspondence to your contact address.

Contact Address	<input type="checkbox"/> Check if New Address	Apt #	City	State	Zip	County
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Residence Zip Code	Work Zip Code	Work E-mail	Personal E-mail	(optional)
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Date of Birth _ _ / _ _ / _ _ _ _	Work Phone () -	Home Phone (optional) () -
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2. Beneficiary Designation

Primary beneficiaries are first in line for distribution; contingent beneficiaries are next.

I elect:

- The **Standard Order of Survivorship** as established by Oregon law (no beneficiaries listed)
- To designate the following beneficiary(s) (attach separate sheet if necessary)

Name	Address	City	State	Zip	Relationship	Primary	Contingent	Percentage (whole number)
						<input type="checkbox"/>	<input type="checkbox"/>	%
						<input type="checkbox"/>	<input type="checkbox"/>	%
						<input type="checkbox"/>	<input type="checkbox"/>	%
						<input type="checkbox"/>	<input type="checkbox"/>	%
						<input type="checkbox"/>	<input type="checkbox"/>	%
						<input type="checkbox"/>	<input type="checkbox"/>	%

3. Employee Signature and Authorization

I hereby revoke any and all previous beneficiary designations for my PEBB benefits.

Employee Signature

Date

Submit completed form to your agency payroll or university benefits office

Keep a copy of all benefit documents for your records.